



Nancy Wyman

LIEUTENANT GOVERNOR
STATE OF CONNECTICUT

Healthcare Cabinet Meeting Minutes

February 11, 2014

Cabinet Attendees: Lt. Governor Nancy Wyman, Chair, Patricia Baker, Vice Chair, Ellen Andrews, Anne Foley, Kevin Counihan, Terry Edelstein, Bonita Grubbs, William Handelman, Steven Hanks, Kevin Lembo, Tim Lyons, Katharine Kranz Lewis, Jill Zorn, Patricia Rehmer, Margaret Smith, Shelly Sweatt, Bob Tessier, Victoria Veltri.

Absent: Joette Katz, Jeffrey Lucht, Terrence Macy, Eugene Market, Donna Moore, John Oraziotti, Linda St. Peter, Joanne Walsh

| Agenda Item | Topic | Discussion | Action |
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| 1. | Call to order & Introductions | None. | |
| 2. | Public Comment | No public comment. | |
| 3. | Review & Approval of 12/17/13 minutes | None. | Minutes approved. |
| 4. | Consumer Advisory Board Update, Rick Porth, United Way | Rick Porth, member of the newly rejuvenated Consumer Advisory Board (CAB) updated the Cabinet on the Board's recent activities and goals. They met once in late January and narrowed their focus to increasing consumer participation, addressing governance issues within health reform, securing staff for CAB, and assigning members to the SIM taskforces. The Board will function as a vehicle for consumer input into the process of health reform, but | |

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| | | emphasizes that it seeks to not be regarded as the exclusive vehicle for consumer input and participation. Rick explained to a question from Rev. Bonita Grubbs that they will seek consumers outside of the already established network of consumers that has, in the past, provided input. | |
| 5. | State Innovation Model (SIM) Update, Mark Schaefer, Director of Health Innovation | <p>Dr. Mark Schaefer provided the Cabinet with an update on the status of the State Innovation Model (SIM). Members of SIM leadership submitted the final State Health Innovation Plan on December 30, 2013. At this point, focus will shift from this Plan, to the application process for a new round of grant funding. They expect the funding opportunity announcement for this round of testing grants to be made sometime this Spring. In the meantime, the SIM team and workgroups will focus on composing an effective and broad membership and governance structure. Mark noted the Governor's commitment of budget resources to implement the SIM initiative.</p> <p>Mark responded to questions from Jill Zorn, Pat Baker, Dr. Steven Hanks and Comptroller Kevin Lembo regarding how workforce membership will be determined between the nomination process, review and approval. He explained that though online solicitation has not yet begun, the process will begin soon. Those who wish to nominate themselves or others will be able to do so using the current general SIM email address. They will also be taking into consideration the advice of medical societies and hospitals. If time allows, the results of this process will circle around to the Cabinet.</p> <p>Ellen Andrews suggested that the physician survey, as a part of Mark's update, be brought to a broader audience. Mark</p> | <p>Updated information can be found at the SIM website.</p> <p>Comments and questions related to SIM can be submitted to sim@ct.gov.</p> |

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| | | <p>explained that current physician survey data will act as a baseline, and additional data will fill in the gaps within that baseline. This baseline will serve as a marker from which targets in quality, access and cost will be formed.</p> | |
| 6. | <p>Access Health CT (AHCT) Update, Kevin Counihan, CEO</p> | <p>Kevin updated the Cabinet first by the newest enrollment numbers:</p> <ul style="list-style-type: none"> • Current enrollment: 124,213 • 73,669 of those are with Medicaid • 51,213 of those are with Qualified Health Plans (QHPs) • 30% of those enrolled in QHPs are without subsidies <p>Kevin noted a few things about the stage that AHCT is in currently. Now that people have been enrolled, the next step is to be sure that they are making their first payments to their insurer. The glitches with sending out bills have been mostly resolved, and statements have caught up to this point. Kevin explained how AHCT is monitoring enrollment numbers in real-time at all times, and actively preparing all staff for the surge that will take place at the end of March. There has been progress in the amount of people it takes to help one individual get enrolled, and that number has been decreasing which will ensure more efficiency and shorter wait times. Kevin explained that though there had been speculation about extending open enrollment until sometime in April, Connecticut will be sticking to its end date of March 31st.</p> <p>Dr. Steven Hanks asked about how AHCT is gathering information about the insurance status of enrollees prior to their enrollment through the Exchange. Kevin explained that though there is no question on the application that asks for</p> | <p>More information and updates will be provided continuously at www.accesshealthct.com</p> |

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| | | <p>prior insurance status explicitly, it does ask for applicants to specify their current carrier. The assumption that can be drawn is that those who leave this field blank can be classified as previously uninsured.</p> <p>Pat Baker, Bonita Grubbs and Vicki Veltri focused questions on the status of the Navigator and In-Person Assister Programs, to which Kevin responded that they are currently looking for funding opportunities to keep the programs at the most effective level they are currently at. Vicki made note of the very successful NIPA Best Practices Conference that took place in earlier this year, and that though federal funding only covers the first year of the program, they have received generous support and resources from a lot of organizations that has helped to make the program as robust as it is. Vicki also explained that missing populations are being addressed with the determination of microregions that are in the most need of extra NIPA support. Kevin explained that the overall use for ethnic data that has been collected still needs to be determined.</p> <p>Shelly Sweatt pointed out that Brokers do not suffer from the same funding restrictions that Navigator and IPA programs are currently dealing with, to which Kevin explained that brokers are a useful resource to enrollees and to the Exchange, as roughly 31% of enrollment business comes through brokers.</p> <p>Jill Zorn and Ellen Andrews posed questions about how consumer input will function going forward. Kevin explained that AHCT is evaluating a new design for consumer input,</p> | |

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| | | <p>that will include a group of just enrollees who have been through the process and can provide feedback on their experience. Ellen pointed out that this group should not only be comprised of those who were able to enroll, but also those who had issues enrolling or were unable to.</p> <p>Bob Tessier pointed out that now that the Exchange has focused on cost primarily, it is time to take steps towards the evaluation of carrier networks and how quality can be improved through better networks. Kevin explained that informing applicants and enrollees became first priority throughout the open enrollment period, but that now there can be an even broader focus on the adequacy of carrier networks and a better understanding of how networks work for consumers.</p> <p>The Lieutenant Governor highlighted the amount of people (roughly 30% of QHP) who were enrolling without subsidies, and that this is a mark of true savings for even those people. Kevin commented that standardized plan design helps significantly with the enrollment of people without subsidies.</p> <p>Lastly, Anne Foley pointed out the inclusions of healthcare enhancements in the Governor's recent State of the State address. This includes enhancements related to the State Innovation Model, improving access to primary care, as well as funding related to primary care physicians, and a strong focus on mental and behavioral health. There will be support in the budget, as well as through legislation.</p> | |

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| 7. | Next Steps | The next Cabinet meeting is scheduled for Tuesday, March 11, from 9:30am to 11:30am in Capitol Room 310. | |
| 8. | Adjournment | | |